

N.C. Department of Health and Human Services Office of Rural Health

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North Carolina Telepsychiatry Program

2019 Profile (Data from State Fiscal Year 2019 and current as of 6/30/2019)

Program Facts

Annual grant State appropriation and carry forward from the General Assembly to NC-STeP

Program support in philanthropic funding through the Duke Endowment (completion of \$1.5 million grant)

Participating Consultant providers

Average

26 Median

Length of stay of IVC in hours

53

Total number of Telepsychiatry referring sites

5,195

Total number of involuntary commitments (IVCs) that were overturned since SFY 2013

15,809

Total number of reports of involuntary commitment since SFY 2013

38,383

Assessments provided since SFY 2013

Overview

There are 90 counties in NC that are classified as Mental Health Shortage Areas (an increase from 84 in SFY 2018). Though, not designated, there are additional counties that have a very low supply of mental health professional in proportion to the population.

The N.C. Statewide Telepsychiatry Program (NC-STeP) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an

individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology. General Statute 143B-139.4B, subsequently, has expanded NC-STeP services to include community-based sites. As of SFY 2019, there are seven community-based sites serving patients' behavioral health needs.

Overall, the program has generated cost savings that are counted from overturned involuntary commitments, which benefitted state psychiatric facilities, hospitals, law enforcement agencies, Medicare, Medicaid, and many other stakeholders. Specific to state psychiatric facilities, the program has achieved estimated cumulative cost savings of \$28,153,000.

Return On Investment and Economic Impact Source: IMPLAN

NC-STeP Expenditures

\$2,096,551

Created Economic Impact \$1,843,864

Total Impact

\$3,940,415

\$174,472

Generates **6** 57 √

additional jobs

from the economic

impact



Generated in state and local taxes which goes back into the local and state economy \$1,641,857



In employee compensation impacted from the grant

Each NC-STeP grant dollar has a total economic impact of

1.88

*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments (IVCs), thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private

The expansion into community-based settings will reduce costs by engaging individuals before a mental health crisis that requires a hospital level IVC assessment. If the community sites are preventing an unnecessary hospital-based IVC assessment, then costs savings are realized by preventing an IVC from occurring. This upstream approach works to address health issues before it progresses to high-cost service and time, for both individual and provider.

41% **Involuntary Commitments Overturned**

1,181 patients avoided unnecessary hospitalizations due to overturned IVCs in SFY 2019





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